

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gregory A Conn
03599-061
Federal Medical Center
PO Box 14500
Lexington, OH 40512

2. Article Number

(Transfer from service label)

7001 2510 0008 6348 5185

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Gregory A Conn

C. Date of Delivery

10-23-02

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes